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## BIB DATA SHEET

CONFIRMATION NO. 5297

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/729,704	12/04/2003	514	1654	FP0602.1 US		
<b>RULE</b>						
<b>APPLICANTS</b> Volkmar Guenzler-Pukall, San Leandro, CA; Stephen J. Klaus, San Francisco, CA; Ingrid Langsetmo Parobok, Milpitas, CA; Todd W. Seeley, Moraga, CA;						
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/431,351 12/06/2002 and claims benefit of 60/476,331 06/06/2003 and claims benefit of 60/476,726 06/06/2003						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 04/01/2004						
Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	CA	12	37	17
Verified and Acknowledged	/ROY R TELLER/ Examiner's Signature					
<b>ADDRESS</b>						
FIBROGEN, INC. 409 Illinois Street San Francisco, CA 94158 UNITED STATES						
<b>TITLE</b>						
Treatment of diabetes						
<b>FILING FEE RECEIVED</b> 1404	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		